

DEPARTMENT OF HEALTH AND HUMAN SERVICES

09-17-0001

IHS Health and Medical Records Systems

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System name: Health and Medical Records Systems, HHS/IHS/OHP.

Security classification: None.

System location: Indian Health Service (IHS) hospitals, health centers, school health centers, health stations, field clinics, Service Units, IHS Area Offices (Appendix 1), and Regional Federal Records Centers (Appendix 2). Automated records, including Patient Care Component (PCC) records, are stored at the Data Processing Service Center, IHS, located in Albuquerque, New Mexico (Appendix 1). Records may also be located at hospitals and offices of health care providers who are under contract to IHS, including Tribal contractors. A current list of contractor site, including Tribal contractors, is available by writing to the appropriate System Manager (Area or Service Unit Director) at the address shown in Appendix 1.

Categories of individuals covered by the system:

Individuals, including both IHS beneficiaries and non beneficiaries, who are examined/treated on an inpatient and/or outpatient basis by IHS staff and/or contract (including tribal contract) health care providers.

Categories of records in the system:

1. Health and medical records containing: Examination, diagnostic and treatment data, proof of IHS eligibility, social data such as name, address, date of birth, Social Security Number, tribe; case records for special programs such as: Dental, social service, mental health, nursing; and laboratory test results.
2. Follow-up registers of individuals with specific health conditions or a particular health status such as: Tumors, communicable diseases, hospital commitment, suspected and confirmed physical child abuse and neglect, immunizations, self-destructive behavior, or handicap.
3. Logs of individuals provided health care by staffs of specific hospital components such as: Surgery, emergency, obstetric delivery, x-ray and laboratory.
4. Operation and/or disease indices for particular hospitals which list each relevant patient by the operation or disease.
5. Monitoring strips and tapes such as fetal monitoring strips and EEG and EKG tapes.
6. Third-party reimbursement records containing name, address, date of birth, date of admission and Medicare or Medicaid claim numbers, SSN, health plan name, insurance number, employment status, and other relevant claim information necessary to process and validate third-party reimbursement claims.

Authority for maintenance of the system: Section 321 of the Public Health Service Act, as amended, (42 U.S.C. 248), "Hospitals, Medical Examinations and Medical Care." Section 327A of the Public Health Service Act, as amended, (42 U.S.C. 254a-1), "Hospital-Affiliated Primary Care Centers." Indian Self Determination and Education Assistance Act (25 U.S.C. 450). Snyder Act (25 U.S.C. 13). Indian Health Care Improvement Act (25 U.S.C. 1601 et. seq). Construction of Community Hospitals Act (25 U.S.C. 2005-2005f). Indian Health Service Transfer Act (42 U.S.C. 2001-2004).

Purpose(s): The purposes of this system are:

1. To provide a description of a patient's illness, the treatment administered and results achieved, and to plan for future care of the patient.
2. To provide IHS program officials with statistical data upon which the health care program is evaluated and modified to meet future needs.
3. To serve as a means of communication among members of the health care team who contribute to the patient's care by integrating information from field visits with that from IHS facilities which have provided treatment.
4. To serve as the official documentation of health care rendered.
5. To contribute to continuing education of IHS staff to improve their competency to deliver health care services.
6. For disease surveillance purposes. For example:

- (a) The Centers for Disease Control may use these records for their monitoring of various communicable diseases among persons residing within the United States; and,
 - (b) The National Institutes of Health may use these records for their review of the prevalence of particular diseases (i.e., malignant neoplasms, diabetes mellitus, arthritis, metabolism and digestive diseases) for various ethnic groups of the Nation.
- 7. To compile and provide aggregated program statistics. Upon request of other components of the Department, IHS will provide statistical information, from which individual identifiers have been removed, such as:
 - (a) To the National Center for Health Statistics, for its dissemination of aggregated health statistics for various ethnic groups;
 - (b) To the Assistant Secretary for Population Affairs to keep a record of the number of sterilizations provided through the use of Federal funds;
 - (c) To the Health Care Financing Administration for the documentation of IHS health care covered by the Medicare and Medicaid programs for third-party reimbursement; and
 - (d) To the Bureau of Support Services, Health Care Financing Administration, to determine the prevalence of end-stage renal disease among the American Indian and Alaska Native population and to coordinate the care of American Indian and Alaska Native patients with this condition.
- 8. To process and collect third-party claims.
- 9. To improve the IHS national patient care database through obtaining and verifying patients' SSNs with the Social Security Administration.

Routine uses of records maintained in the system, including categories of users and the purposes of such uses:

Note: Special requirements for alcohol and drug abuse patients: If an individual receives treatment, or referral for treatment, for alcohol or drug abuse, then the Confidentiality of Alcohol and Drug Abuse Patient Records Regulations, 42 CFR part 2 may apply. In general under these regulations, the only disclosures of the alcohol or drug abuse record which may be made without patient consent are: (1) To meet medical emergencies (42 CFR Part D, sec. 2.51), (2) for research, audit, evaluation and examination (42 CFR Part D, secs. 2.52 and 2.53), (3) pursuant to a court order (42 CFR 2.61-2.67), and (4) pursuant to a qualified service organization agreement, as defined in 42 CFR 2.11. In all other situations, written consent of the patient is usually required prior to disclosure of alcohol or drug abuse information under the routine uses listed below. Individuals acting in loco parentis to minors, as well as parents, legal guardians, and custodians may act on behalf of the subject individual for purposes of giving consent for disclosures to others when it is determined that the subject individual is a minor who is unable to or cannot exercise with appropriate understanding, the right of consent by himself or herself.

- 1. Records may be disclosed to State, local or other authorized organizations which provide health services to American Indians and Alaska Natives, or provide third-party reimbursement or fiscal intermediary functions, for the purpose of planning for or providing such services, billing or collecting third-party reimbursements and reporting results of medical examination and treatment.

2. Records may be disclosed to Federal and non-Federal school systems which serve American Indians and Alaska Natives for the purpose of student health maintenance.
3. Records may be disclosed to organizations deemed qualified by the Secretary to carry out quality assessment, medical audits, utilization review or to provide accreditation or certification of health care facilities or programs.
4. Records may be disclosed to authorized organizations, such as the United States Office of Technology Assessment, or individuals for conduct of analytical and evaluation studies sponsored by the IHS.
5. Records may be disclosed to a congressional office in response to an inquiry from that office made at the request of the subject individual.
6. A record may be disclosed for a research purpose, when the Department:
 - (a) Has determined that the use or disclosure does not violate legal or policy limitations under which the record was provided, collected, or obtained;
 - (b) Has determined that the research purpose (1) cannot be reasonably accomplished unless the record is provided in individually identifiable form, and (2) warrants the risk to the privacy of the individual that additional exposure of the record might bring;
 - (c) Has required the recipient to--
 - (1) establish reasonable administrative, technical, and physical safeguards to prevent unauthorized use or disclosure of the record, and
 - (2) remove or destroy the information that identifies the individual at the earliest time at which removal or destruction can be accomplished consistent with the purpose of the research project, unless the recipient has presented adequate justification of a research or health nature for retaining such information, and
 - (3) make no further use or disclosure of the record except--
 - (A) in emergency circumstances affecting the health or safety of any individual,
 - (B) for use in another research project, under these same conditions, and with written authorization of the Department,
 - (C) for disclosure to a properly identified person for the purpose of an audit related to the research project, if information that would enable research subjects to be identified is removed or destroyed at the earliest opportunity consistent with the purpose of the audit, or
 - (D) when required by law;
 - (d) Has secured a written statement attesting to the recipient's understanding of, and willingness to abide by these provisions.
7. The IHS health care providers may disclose information from these records regarding the commission of crimes or the occurrence of communicable diseases, tumors, suspected child abuse, births, deaths, alcohol or drug abuse, etc., as required by Federal law or regulation or State or local law or regulation of the jurisdiction in which the facility is located.

Disclosure may be made to organizations as specified by the law or regulation, such as births and deaths to State or local health departments, and crimes to law enforcement agencies.

In federally conducted or assisted alcohol or drug abuse programs, the disclosure of the contents of records which pertain to patient identity, diagnosis, prognosis or treatment of alcohol or drug abuse is restricted under 42 CFR part 2; e.g., disclosure of patient information on alcohol and drug abuse for purposes of criminal investigation generally must

be authorized by court order issued under 42 CFR 2.65 except that reports of suspected child abuse may be made to the appropriate State or local authorities under State law.

8. The IHS health care providers may disclose information from these records regarding suspected cases of child abuse to:
 - (1) Agencies of any Indian tribe, any State or the Federal Government that need to know the information in the performance of their duties, and
 - (2) members of community child protection teams of the purpose of establishing a diagnosis, formulating a treatment plan, monitoring the plan, investigation reports of suspected child abuse, and making recommendations to the appropriate court. Community child protection teams are comprised of representatives of: Tribes, the Bureau of Indian Affairs, child protection service agencies, the judicial system(s) (local, State and/or tribal, law enforcement agencies and IHS).

In federally conducted or assisted alcohol or drug abuse programs, the disclosure to the contents of records which pertain to patient identity, diagnosis, prognosis, or treatment of alcohol or drug abuse is restricted under 42 CFR part 2; e.g., disclosure of patient information on alcohol or drug abuse for purposes of criminal investigation generally must be authorized by court order issued under 42 CFR 2.65 except that reports of suspected child abuse may be made to the appropriate State or local authorities under State law.

9. The Department may disclose information from this system of records to the Department of Justice, to a court or other tribunal, or to another party before such tribunal, when:
 - (a) HHS, or any component thereof; or
 - (b) Any HHS employee in his or her official capacity; or
 - (c) Any HHS employee in his or her individual capacity where the Department of Justice (or HHS, where it is authorized to do so) has agreed to represent the employee; or
 - (d) The United States or any agency thereof where HHS determines that the litigation is likely to affect HHS or any of its components, is a party to litigation or has an interest in such litigation, and HHS determines that the use of such records by the Department of Justice, the tribunal, or the other party is relevant and necessary to the litigation and would help in the effective representation of the governmental party, provided, however, that in each case, HHS determines that such disclosure is compatible with the purpose for which the records were collected.
10. Records may be disclosed to the Bureau of Indian Affairs and its contractors for the identification of American Indian and Alaska Native handicapped children to permit that Bureau to carry out the Education for All Handicapped Children Act of 1975 (20 U.S.C. 1401 et seq.).
11. Records may be disclosed to an IHS contractor, including tribal contractors, for the purpose of computerized data entry or maintenance of records contained in this system. The contractor shall be required to maintain Privacy Act safeguards with respect to the receipt and processing of such records.
12. Records may be disclosed to a health care provider undercontract to IHS (including tribal contractors) to permit the contractor to obtain health and medical information about the subject individual in order to provide appropriate health services to that individual. The contractor shall be required to maintain Privacy Act safeguards with respect to the receipt and processing of such records.

13. Records may be disclosed to the State of Alaska, Department of Health and Social Services (DHSS) (which supplies part or all of this information to IHS), in response to its request for patient summaries, portions of immunization registers, disease indices and other computer generated medical summaries. This information assists DHSS in its provision of health care to the subject individual. Disclosure to the State of Alaska's DHSS is limited to information concerning its patients.
14. Disclosures regarding specific medical services may be made from the records of a minor patient to the minor's parent or legal guardian who previously consented to those specific medical services.
15. (a) PHS may inform the sexual and/or needle-sharing partner(s) of a subject individual who is infected with the human immunodeficiency virus (HIV) of their exposure to HIV, under the following circumstances:
 - (1) The information has been obtained in the course of clinical activities at PHS facilities carried out by PHS personnel or contractors;
 - (2) The PHS employee or contractor has made reasonable efforts to counsel and encourage the subject individual to provide the information to the individual's sexual or needle-sharing partner(s);
 - (3) The PHS employee or contractor determines that the subject individual is unlikely to provide the information to the sexual or needle-sharing partner(s) or that the provision of such information cannot reasonably be verified; and
 - (4) The notification of the partner(s) is made, whenever possible, by the subject individual's physician or by a professional counselor and shall follow standard counseling practices.
- (b) PHS may disclose information to State or local public health departments, to assist in the notification of the subject individual's sexual and/or needle-sharing partner(s), or in the verification that the subject individual has, notified such sexual or needle-sharing partner(s).
15. Records may be disclosed to student volunteers, individuals working under a personal services contract, and other individuals performing functions for PHS who do not technically have the status of agency employees, if they need the records in the performance of their agency functions.

Policies and practices for storing, retrieving, accessing, retaining, and disposing of records in the system:

Storage: File folders, ledgers, card files, microfiche, microfilm, computer tapes, disk packs and automated files.

Retrievability: Indexed by name, record number, and SSN and cross-indexed.

Safeguards: Safeguards apply to records stored on-site and off-site.

1. Authorized Users: Access is limited to authorized IHS personnel and IHS contractors and subcontractors in the performance of their duties. Authorized personnel include: Medical records personnel, health care providers, authorized researchers, medical audit

personnel, and health care team members, and, administrative personnel on a need to know basis.

2. Physical Safeguards: Records are kept in locked metal filing cabinets or in a secured room at all times when not actually in use during working hours and at all times during nonworking hours. Magnetic tapes, disks, other computer equipment and other forms of personal data are stored in areas where fire and life safety codes are strictly enforced. Telecommunication equipment (computer terminal, modems and disks) of the Patient Care Component (PCC) are maintained in locked rooms during nonworking hours. Combinations on door locks are changed periodically and whenever a PCC employee resigns, retires or is reassigned.

3. Procedural Safeguards: Within each facility a list of personnel or categories of personnel having a demonstrable need for the records in the performance of their duties has been developed and is maintained. Procedures have been developed and implemented to review one-time requests for disclosure to personnel who may not be on the authorized user list. Proper charge-out procedures are followed for the removal of all records from the area in which they are maintained. Persons who have a need to know are entrusted with records from this system of records and are instructed to safeguard the confidentiality of these records. They are to make no further disclosure of the records except as authorized by the system manager and permitted by the Privacy Act, and to destroy all copies or to return such records when the need to know has expired. Procedural instructions include the statutory penalties for noncompliance.

The following automated information systems (AIS) security procedural safeguards are in place for automated health and medical records maintained in the Patient Care Component. A profile of automated systems security is maintained. Security clearance procedures for screening individuals, both Government and contractor personnel, prior to their participation in the design, operation, use or maintenance of IHS automated information systems are implemented. The use of current passwords and log-on codes are required to protect sensitive automated data from unauthorized access. Such passwords and codes are changed periodically. An automated audit trail is maintained. Only authorized IHS Division of Data Processing Services staff may modify automated files in batch mode. Personnel at remote terminal sites may only retrieve automated data. Such retrievals are password protected. Privacy Act requirements and specified Automated Information System security provisions are specifically included in contracts and agreements and the system manager or his/her designee oversee compliance with these contract requirements.

4. Implementing Guidelines: DHHS Chapter 45-13 and supplementary Chapter PHS.hf: 45-13 of the General administration Manual; and DHHS, "Automated Information Systems Security Program Handbook", as amended.

Retention and disposal: Patient listings which may identify individuals are maintained in IHS Area and Program Offices permanently. Inactive records are held at the facility which provided health services from three to seven years and then are transferred to the appropriate Federal Records Center. Monitoring strips and tapes (i.e., fetal monitoring strips and EEG and EKG tapes) which are not stored in the patient's official medical record, are stored at the health facility for one year and are then transferred to the appropriate Federal Records Center. (See Appendix 2 for Federal Record Center addresses). Records, including those maintained on computer media are retained in useable formats at the Regional Federal Records Centers for 25 years. Disposal methods include burning or shredding of hard copy and erasing of magnetic media.

System manager(s) and address:

Policy-Coordinating Official:
Director, Division of Clinical and Preventive Health Services,
Indian Health Service,
5600 Fishers Lane, Room 6A-54,
Rockville, Maryland 20857.

[See Appendix 1](#)

The IHS Area Office Directors, Service Unit Directors, Chief Executive Officers and Facility Directors listed in Appendix 1 are System Managers.

Notification procedure:

General Procedure: Requests must be made to the appropriate System Manager (IHS Area, Program Office Director or Service Unit Director). An individual who requests a copy of, or access to, a medical record shall at the time the request is made designate in writing a responsible representative who will be willing to review the record and inform the subject individual of its contents at the representative's discretion. Such a representative may be an IHS health professional. When an individual is seeking to obtain information about himself/herself which may be retrieved by a different name or identifier than his/her current name or identifier, he/she shall be required to produce evidence to verify that he/she is the person whose record he/she seeks. No verification of identity shall be required where the record is one which is required to be disclosed under the Freedom of Information Act.

Requests In Person: Identification papers with current photographs are preferred but not required. If a subject individual has no identification but is personally known to the designated agency employee, such employee shall make a written record verifying the subject individual's identity. If the subject individual has no identification papers, the responsible system manager or designated agency official shall require that the subject individual certify in writing that he/she is the individual whom he/she claims to be and that he/she understands that the knowing and willful request or acquisition of records concerning an individual under false pretenses is a criminal offense subject to a \$5,000 dollar's fine. If an individual is unable to sign his/her name when required, he/she shall make his/her mark and have the mark verified in writing by two additional persons.

Requests By Mail: Written requests must contain the name and address of the requester, his/her date of birth and at least one piece of information which is also contained in the subject record, and his/her signature for comparison purposes. If the written request does not contain sufficient information, the System Manager shall inform the requester in writing that additional, specified information is required to process the request.

Requests By Telephone: Since positive identification of the caller cannot be established, telephone requests are not honored.

Parents And Legal Guardians: Parents of minor children and legal guardians of legally incompetent individuals shall verify their own identification in the manner described above, as well as their relationship to the individual whose record is sought. A copy of the child's birth certificate or court order establishing legal guardianship may be required if there is any doubt regarding the relationship of the individual to the patient.

Record access procedures:

Same as Notification Procedures. Requesters should also provide a reasonable description of the record being sought. Requesters may also request an accounting of disclosures that have been made of their record, if any.

Contesting record procedures: Write to the appropriate IHS Area/Program Office Director or Service Unit Director at his/her address specified in Appendix 1, and specify the information being contested, the corrective action sought, and the reasons for requesting the correction, along with supporting information to show how the record is inaccurate, incomplete, untimely, or irrelevant.

Record source categories: Patient and/or family members, IHS health care personnel, contract health care providers, State and local health care provider organizations, Medicare and Medicaid funding agencies, and the Social Security Administration.

Systems exempted from certain provisions of the Act:

None.

Appendix 1:

System Managers and IHS Locations Under Their Jurisdiction Where Records are Maintained

Director, Aberdeen Area Indian Health Service, Room 309, Federal Building, 115 Fourth Avenue, SE, Aberdeen, South Dakota 57401.

Director, Cheyenne River Service Unit, Eagle Butte Indian Hospital, Eagle Butte, South Dakota 57625.

Director, Crow Creek Service Unit, Ft. Thompson Indian Health Center, Ft. Thompson, South Dakota 57339.

Director, Flandreau Indian School Health Center, RR1, Box 10, Flandreau, South Dakota 57028.

Director, Fort Berthold Service Unit, Minni-Tohe Indian Health Center, New Town, North Dakota 58763.

Director, Fort Totten Service Unit, Fort Totten Indian Health Center, Fort Totten, North Dakota 58335.

Director, Kyle Indian Health Center, PO Box 540, Kyle, South Dakota 57752.

Director, Lower Brule Indian Health Center, Lower Brule, South Dakota 57548.

Director, McLaughlin Indian Health Center, McLaughlin, South Dakota 57642.

Director, Omaha-Winnebago Service Unit, Winnebago Indian Hospital, Winnebago, Nebraska 68071.

Director, Pine Ridge Service Unit, Pine Ridge Indian Hospital, Pine Ridge, South Dakota 57770.

Director, Rapid City Service Unit, Rapid City Indian Hospital, Rapid City, South Dakota 57701.

Director, Rosebud Service Unit, Rosebud Indian Hospital, Rosebud, South Dakota 57570.

Director, Sisseton-Wahpeton Service Unit, Sisseton Indian Hospital, Sisseton, South Dakota 57262.

Director, Standing Rock Service Unit, Fort Yates Indian Hospital, Fort Yates, North Dakota 58538.

Director, Turtle Mountain Service Unit, Belcourt Indian Hospital, Belcourt, North Dakota 58316.

Director, Wahpeton Indian School Health Center, Wahpeton, North Dakota 58075.

Director, Wanblee Indian Health Center, Wanblee, South Dakota 57577.

Director, Yankton-Wagner Service Unit, Wagner Indian Hospital, Wagner, South Dakota 57380.

Director, Director, Alaska Area Native Health Service, 250 Gambell Street, Anchorage, Alaska 99501.

Director, Alaska Native Health Center, St. George Island, Alaska 99660.

Director, Alaska Native Health Center, St. Paul Island, Alaska 99660.

Director, Anchorage Service Unit, PHS, Alaska Native Medical Center, 255 Gambell St., Anchorage, Alaska 99501.

Director, Annette Islands Service Unit, Metlakatla Alaska Native Health Center, Box 428, Metlakatla, Alaska 99926.

Director, Barrow Service Unit, Barrow Alaska Native Hospital, Barrow, Alaska 99723.

Director, Ketchikan Alaska Native Health Center, 3289 Tongass Avenue, Ketchikan, Alaska 99901.

Director, Kotzebue Service Unit, Kotzebue Alaska Native Hospital, Kotzebue, Alaska 99752.

Director, Southeast Area Regional Health Center, 3272 Hospital Drive, Juneau, Alaska 99801.

Director, Yukon-Kuskokwim-Delta Service Unit, Yukon-Kuskokwim-Delta Regional Hospital, Indian Health Center, Bethel, Alaska 99559.

Director, Albuquerque Area Indian Health Service, 505 Marquette, NW, Suite 1502, Albuquerque, New Mexico 87102-2163.

Director, Acoma-Canoncito-Laguna Service Unit, Acoma-Canoncito-Laguna Indian Hospital, PO Box 130, San Fidel, New Mexico 87049.

Director, Albuquerque Service Unit, Albuquerque Indian Hospital, 801 Vassar Drive, NE, Albuquerque, New Mexico 87106.

Director, Canoncito Indian Health Station, c/o Acoma-Canoncito-Laguna Indian Hospital, PO Box 130, San Fidel, New Mexico 87049.

Director, Cochiti Indian Health Station, Cochiti, New Mexico 87041.

Director, Dulce Indian Health Center, Dulce, New Mexico 87528.

Chief, Dental Program, IHS Dental Training Center, Southwestern Indian Polytechnical Institute, 9168 Coors Road, NW, PO Box 25927, Albuquerque, New Mexico 87125.

Director, Indian School Health Center, Southwestern Indian Polytechnical Institute, 9168 Coors Road, NW, PO Box 25927, Albuquerque, New Mexico 87125.

Director, Isleta Indian Health Center, PO Box 429, Isleta, New Mexico 87022.

Director, Jemez Indian Health Center, PO Box 256, Jemez Pueblo, New Mexico 87024.

Director, Laguna Indian Health Center, PO Box 199, New Laguna, New Mexico 87038.

Director, Mescalero Service Unit, Mescalero Indian Hospital, PO Box 210, Mescalero, New Mexico 88340.

Director, New Sunrise Regional Treatment Center, PO Box 219, San Fidel, New Mexico 87049.

Director, Sandia Indian Health Station, PO Box 6008, Bernalillo, New Mexico 87004.

Director, Santa Ana Indian Health Station, PO Box 580, Bernalillo, New Mexico 87004.

Director, San Felipe Indian Health Station, General Delivery, San Felipe Pueblo, New Mexico 87001.

Director, San Juan Indian Health Station, San Juan, New Mexico 87566.

Director, Santa Clara Indian Health Center, PO Box 1322, Espanola, New Mexico 87532.

Director, Santo Domingo Indian Health Station, Santo Domingo, New Mexico 87052.

Director, Santa Fe Service Unit, Santa Fe Indian Hospital, 1700 Cerrillos Road, Santa Fe, New Mexico 87501.

Director, Southern Colorado-Ute Service Unit, PO Box 778, Ignacio, Colorado 81137.

Director, Southern Ute Health Center, Ignacio, Colorado 81137.

Director, Taos Indian Health Center, Taos, New Mexico 87571.

Director, Ute Mountain Ute Health Center, Towaoc, Colorado 81334.

Director, White Mesa Indian Health Station, General Delivery, Towaoc, Colorado 81334.

Director, Zia Indian Health Station, General Delivery, San Ysidro, New Mexico 87053.

Director, Zuni-Ramah Service Unit, Zuni Indian Hospital, Zuni, New Mexico 87327.

Director, Bemidji Area Indian Health Service, 203 Federal Building, Bemidji, Minnesota 56601.

Director, Ball Club Indian Health Station, Ball Club, Minnesota 56622.

Director, Cass Lake Service Unit, Cass Lake Indian Hospital, Cass Lake, Minnesota 56633.

Director, Eastern Michigan Service Unit, Kincheloe Indian Health Center, Kincheloe, Minnesota 49788.

Director, Inger Indian Health Station, Inger Route, Deer River, Minnesota 56636.

Director, Naytahwaush Indian Health Station, Naytahwaush, Minnesota 56566.

Director, Onigum Indian Health Station, Star Route, Walker, Minnesota 56484.

Director, Pine Point Indian Health Station, White Earth, Minnesota 56591.

Director, Ponemah Indian Health Station, Ponemah, Minnesota 56666.

Director, Red Lake Service Unit, Red Lake Indian Hospital, Red Lake, Minnesota 56671.

Director, Squaw Lake Indian Health Station, Squaw Lake, Minnesota 56681.

Director, White Earth Service Unit, White Earth Indian Health Center, White Earth, Minnesota 56591.

Director, Billings Area Indian Health Service, PO Box 2143, 711 Central Avenue, Billings,

Montana 59103.

Director, Arapahoe Indian Health Center, Arapahoe, Wyoming 82510.

Director, Blackfeet Service Unit, Browning Indian Hospital, Browning, Montana 59417.

Director, Crow Service Unit, Crow Indian Hospital, Crow Agency, Montana 59022.

Director, Flathead Service Unit, St. Ignatius Indian Health Center, St. Ignatius, Montana 59865.

Director, Fort Belknap Service Unit, Harlem Indian Hospital, Harlem, Montana 59526.

Director, Fort Peck Service Unit, Poplar Indian Health Center, Poplar, Montana 59255.

Director, Hays Indian Health Station, Hays, Montana 59527.

Director, Heart Butte Indian Health Station, Heart Butte, Montana 59448.

Director, Lodge Grass Indian Health Center, Lodge Grass, Montana 59050.

Director, Northern Cheyenne Service Unit, Lama Deer Indian Health Center, Lama Deer, Montana 59043.

Director, Pryor Indian Health Station, Pryor, Montana 59066.

Director, Polson Indian Health Center, 320-B 4th Avenue East, Polson, Montana 59860.

Director, Rocky Boy's Service Unit, Box Elder Indian Health Center, Box Elder, Montana 59521.

Director, Wind River Service Unit, Fort Washakie Indian Health Center, Fort Washakie, Wyoming 82514.

Director, Wolf Point Indian Health Center, Wolf Point, Montana 59201.

Director, California Area Indian Health Service, 1825 Bell Street, Suite 200, Sacramento, California 95825-1097.

Director, Nashville Area Indian Health Service, 3310 Perimeter Hill Drive, Nashville, Tennessee 37211-4139.

Director, Cherokee Service Unit, Cherokee Indian Hospital, Cherokee, North Carolina 28719.

Director, Unity Regional Youth Treatment Center, PO Box C-201, Cherokee, North Carolina 28719.

Director, Navajo Area Indian Health Service, PO Box G, Window Rock, Arizona 86515.

Director, Chilchinbeto Indian Health Station, c/o Kayenta Indian Health Center, PO Box 368, Kayenta, Arizona 86033.

Chief Executive Officer, Chinle Service Unit, PO Drawer P.H., Chinle, Arizona 86503.

Chief Executive Officer, Crownpoint Service Unit, Crownpoint Indian Hospital, PO Box 358, Crownpoint, New Mexico 87313.

Director, Dennebito Indian Health Station, c/o Tuba City Indian Hospital, Tuba City, Arizona

86045.

Director, Dennehotso Indian Health Center, c/o Kayenta Indian Health Center, PO Box 368, Kayenta, Arizona 86033.

Director, Dilkon Indian Health Station, c/o Winslow Indian Health Center, PO Drawer 40, Winslow, Arizona 86047.

Director, Dziłth-Na-O-Dith-Le Indian Health Center, Star Route 4, Box 5400, Bloomfield, New Mexico 87413.

Chief Executive Officer, Fort Defiance Service Unit, Fort Defiance Indian Hospital, PO Box 649, Fort Defiance, Arizona 86504.

Director, Fort Wingate Indian School Health Center, c/o Gallup Indian Medical Center, PO Box 1337, Gallup, New Mexico 87301.

Director, Gallup Service Unit, Gallup Indian Medical Center, PO Box 1337, Gallup, New Mexico 87301.

Director, Inscription House Indian Health Center, PO Box 7397, Shonto, Arizona 86044.

Chief Executive Officer, Kayenta Service Unit, Kayenta Indian Health Center, PO Box 366, Kayenta, Arizona 86033.

Director, Leupp Indian Health Station, c/o Winslow Indian Health Center, PO Drawer 40, Winslow, Arizona 86047.

Facility Director, Montezuma Creek Health Center, Montezuma Creek, Utah 84534.

Director, Pinon Indian Health Station, c/o Chinle Indian Hospital, PO Box P.H., Chinle, Arizona 85603.

Director, Pueblo Pintado Indian Health Station, c/o Crownpoint Indian Hospital, PO Box 358, Crownpoint, New Mexico 87313.

Director, Rock Point Indian Health Station, c/o Chinle Indian Hospital, PO Box P.H., Chinle, Arizona 85603.

Director, Sanostee Indian Health Station, Shiprock Indian Hospital, PO Box 160, Shiprock, New Mexico 87420.

Chief Executive Officer, Shiprock Service Unit, Shiprock Indian Hospital, PO Box 160, Shiprock, New Mexico 87420.

Director, Teec Nos Pos Indian Health Center, PO Drawer D, Teec Nos Pos, Arizona 85614.

Director, Toadlena Indian Health Station, c/o Shiprock Indian Hospital, PO Box 160, Shiprock, New Mexico 87420.

Director, Tohatchi Indian Health Center, PO Box 142, Tohatchi, New Mexico 87325.

Chief Executive Officer, Tsale Indian Health Center, PO Box 467, Tsale, Arizona 86556.

Chief Executive Officer, Tuba City Service Unit, Tuba City Indian Hospital, Tuba City, Arizona 86045.

Chief Executive Officer, Winslow Service Unit, Winslow Indian Health Center, PO Drawer 40, Winslow, Arizona 86047.

Director, Oklahoma City Area Indian Health Service, Five Corporation Plaza, 3625 NW 56th Street, Oklahoma City, Oklahoma 73112.

Director, Carl Albert Indian Hospital, 1001 North Country Club Drive, Ada, Oklahoma 74820.

Director, Anadarko Indian Health Center, PO Box 828, Anadarko, Oklahoma 73005.

Director, Carnegie Indian Health Center, PO Box 1120, Carnegie, Oklahoma 73150.

Director, Claremore Service Unit, Claremore Comprehensive Indian Health Facility, West Will Rogers Boulevard & Moore, Claremore, Oklahoma 74017.

Director, Clinton Service Unit, Clinton Indian Hospital, Route 4, Box 213, Clinton, Oklahoma 73601.

Director, Concho Indian Health Clinic, PO Box 150, Concho, Oklahoma 73022.

Director, Kansas Service Unit, Holton Indian Health Center, 100 West 16th Street, Holton, Kansas 66436.

Facility Director, Lawrence (Haskell) Indian Health Center, 2415 Massachusetts Avenue, Lawrence, Kansas 66044.

Director, Lawton Service Unit, Lawton Indian Hospital, Lawton, Oklahoma 73501.

Director, Miami Indian Health Center, PO Box 1498, Miami, Oklahoma 74855.

Director, Pawhuska Indian Health Center, 715 Grandview, Pawhuska, Oklahoma 74056.

Director, Pawnee Service Unit, Pawnee Indian Service Center, RR2, Box 1, Pawnee, Oklahoma 74058.

Director, Shawnee Service Unit, Shawnee Indian Health Center, 2001 South Gordon Cooper Drive, Shawnee, Oklahoma 74801.

Director, Tahlequah Service Unit, W.W. Hastings Indian Hospital, 100 S. Bliss, Tahlequah, Oklahoma 74464.

Director, Watonga Indian Health Center, PO Box 878, Watonga, Oklahoma 73772.

Director, Wewoka Indian Health Center, PO Box 1475, Wewoka, Oklahoma 74884.

Director, White Eagle Indian Health Center, PO Box 2071, Ponca City, Oklahoma 74601.

Director, Phoenix Area Indian Health Service, 3738 N. 16th Street, Suite A, Phoenix, Arizona 85016-5981.

Director, Bylas Indian Health Center, PO Box 208, San Carlos, Arizona 85550.

Director, Chemehuevi Indian Health Clinic, Chemehuevi Valley, California 92363.

Director, Cibecue Indian Health Center, Cibecue, Arizona 85941.

Director, Colorado River Service Unit, Parker Indian Hospital, Route 1, PO Box 12, Parker, Arizona 85344.

Director, Fort McDermitt Indian Health Station, PO Box 475, McDermitt, Nevada 89421.

Director, Fort McDowell Indian Health Station, c/o Phoenix Indian Medical Center, 4212 North 16th Street, Phoenix, Arizona 85016.

Director, Fort Yuma Service Unit, Fort Yuma Indian Hospital, PO Box 1368, Fort Yuma, Arizona 85364.

Director, Gila Crossing Indian Health Clinic, Route 1, Box 770, Laveen, Arizona 85339.

Director, Havasupai Indian Health Station, Supai, Arizona 86435.

Director, Keams Canyon Service Unit, Keams Canyon Indian Hospital, PO Box 98, Keams Canyon, Arizona 86034.

Director, Owyhee Service Unit, Owyhee Indian Hospital, PO Box 212, Owyhee, Nevada 89832.

Director, Peach Springs Indian Health Center, Peach Springs, Arizona 86434.

Director, Phoenix Indian School Health Center, c/o Phoenix Indian Medical Center, 4212 North 16th Street, Phoenix, Arizona 85016.

Director, Phoenix Service Unit, Phoenix Indian Medical Center, 4212 North 16th St., Phoenix, Arizona 85016.

Director, Pyramid Lake Indian Health Clinic, Nixon, Nevada 89424.

Director, Sacaton Service Unit, Sacaton Indian Hospital, Sacaton, Arizona 85247.

Director, Salt River Indian Health Center, Route 1, Box 215, Scottsdale, Arizona 85256.

Director, San Carlos Service Unit, San Carlos Indian Hospital, San Carlos, Arizona 85550.

Director, San Lucy Indian Health Station, c/o Phoenix Indian Medical Center, 4212 North 16th Street, Phoenix, Arizona 85016.

Director, Schurz Service Unit, Schurz Indian Hospital, Schurz, Nevada 89427.

Director, Second Mesa Indian Health Center, General Delivery, Second Mesa, Arizona 86043.

Director, Sherman Indian School Health Center, 8934 Magnolia, Riverside, California 92503.

Director, Southern Bank Indian Health Clinic, 1545 Silver Eagle Road, Elko, Nevada 89801.

Director, Stewart Indian Health Station, Stewart, Nevada 89437.

Director, Uintah and Ouray Service Unit, Fort Duchesne Indian Health Center, PO Box 160, Roosevelt, Utah 84066.

Director, Whiteriver Service Unit, Whiteriver Indian Hospital, Whiteriver, Arizona 85941.

Director, Portland Area Indian Health Service, Room 476, Federal Building, 1220 Southwest Third Avenue, Portland, Oregon 97204-2829.

Director, Chemawa Indian Health Center, 3750 Chemawa Road, NE., Salem, Oregon 97305-1198.

Director, Colville Service Unit, Colville Indian Health Center, Nespelem, Washington 99155.

Director, Coeur d'Alene Indian Health Station, Coeur d'Alene, Idaho 83814.

Director, Fort Hall Service Unit, Fort Hall Indian Health Center, PO Box 317, Fort Hall, Idaho 83203.

Director, Inchelium Indian Health Center, Inchelium, Washington 99138.

Director, Kamiah Indian Health Station, Kamiah, Idaho 83536.

Director, Neah Bay Service Unit, Neah Bay Indian Health Center, PO Box 418, Neah Bay, Washington 98357.

Director, Northern Idaho Service Unit, Northern Idaho Indian Health Center, PO Drawer 367, Lapwai, Idaho 83540.

Director, Northwest Washington Service Unit, Lummi Indian Health Center, 2592 Kwina Road, Bellingham, Washington 98225.

Director, Puget Sound Service Unit, Puget Sound Indian Health Station, 1212 South Judkins, Seattle, Washington 98144.

Director, Queets Indian Health Station, c/o Service Unit Director, Taholah Indian Health Center, PO Box 219, Taholah, Washington 98587.

Director, Taholah Service Unit, Taholah Indian Health Center, PO Box 219, Taholah, Washington 98587.

Director, Warm Springs Service Unit, Wellpinit Indian Health Center, PO Box 357, Wellpinit, Oregon 99040.

Director, Wellpinit Service Unit, David C. Wynecoop Memorial Clinic, PO Box 357, Wellpinit, Washington 99040.

Director, Yakima Service Unit, Yakima Indian Health Center, 401 Buster Road, Toppenish, Washington 98948.

Director, Yellowhawk Service Unit, Yellowhawk Indian Health Center, PO Box 160, Pendleton, Oregon 97801.

Director, Office of Health Program Research & Development, Indian Health Service, 7900 S. J. Stock Road, Tucson, Arizona 85746-9352.

Director, Santa Rosa Indian Health Center, HCR Box 700, Sells, Arizona 85634.

Director, San Xavier Indian Health Center, 7900 S. J. Stock Road, Tucson, Arizona 85746-9352.

Director, Sells Service Unit, Sells Indian Hospital, PO Box 548, Sells, Arizona 85634.

Appendix 2:

Federal Archives and Records Centers.

District of Columbia, Maryland Except U.S. Court Records for Maryland, Washington National Records Center, 4205 Suitland Road, Suitland, Maryland 20409.

GSA Region 1--Connecticut, Maine, and Rhode Island, Federal Archives and Records Center, 380 Trapelo Road, Waltham, MA 02154.

GSA Region 2--New York, Federal Archives and Records Center, Military Ocean Terminal, Bldg. 22, Bayonne, NJ 07002.

GSA Region 3--Pennsylvania, Federal Archives and Records Center, 5000 Wissahickon Avenue, Philadelphia, PA 19144.

GSA Region 4--Alabama, Florida, Mississippi and North Carolina, Federal Archives and Records Center, 1557 St. Joseph Avenue, East Point, GA 30344.

GSA Region 5--Wisconsin, Minnesota and U.S. Court Records for Michigan, Federal Archives and Records Center, 7358 South Pulaski Rd., Chicago, IL 60629.

GSA Region 5--Michigan Except U.S. Court Records, Federal Records Center, 3150 Springboro Road, Dayton, OH 45439.

GSA Region 6--Kansas, Iowa, and Nebraska, Federal Archives and Records Center, 2306 East Bannister Rd., Kansas City, MO 64131.

GSA Region 7--Louisiana, New Mexico, Oklahoma and Texas, Federal Archives and Records Center, PO Box 6216, Ft. Worth, TX 76115.

GSA Region 8--Colorado, Wyoming, Utah, Montana, North Dakota and South Dakota, Federal Archives and Records Center, PO Box 25307, Denver, CO 80225.

GSA Region 9--California, Except Southern California, and Nevada, Except Clark County, Federal Archives and Records Center, 1000 Commodore Drive, San Bruno, CA 94066.

GSA Region 9--Arizona: Clark County, Nevada and Southern California (Counties of San Luis Obispo, Kern, San Bernardino, Santa Barbara, Ventura, Los Angeles, Riverside, Orange, Imperial Inyo, and San Diego), Federal Archives and Records Center, 24000 Avila Road, Laguna Niguel, CA 92677.

GSA Region 10--Washington, Oregon, Idaho and Alaska, Federal Archives and Records Center, 6125 Sand Point Way, Seattle, WA 98115.